

PAST PERFORMANCE QUESTIONNAIRE

Name of Offeror: _____

Reference Information Table

Business Name of reference & address	
Point of Contact	
Phone number	
e-mail address	

By submitting a questionnaire to its' business references, the offeror authorizes the government to discuss past performance with the business reference identified in the table above.

Evaluation KEY: Please use the following abbreviations to assign an applicable rating for questions 1 thru 6 below:

P/U	S	G	VG	E	N
Poor/ Unsatisfactory	Satisfactory	Good	Very Good	Excellent	Neutral
Does not meet minimum acceptable standards in one or more areas; remedial action required in one or more areas; deficiencies in one or more areas which adversely affect overall performance.	Meets or slightly exceeds minimum acceptable standards; adequate results; reportable deficiencies with identifiable, but not substantial, effects on overall performance.	Effective performance; fully responsive to contract requirements; reportable deficiencies, but with little identifiable effect on overall performance.	Very effective performance; fully responsive to contract requirements; contract requirements accomplished in a timely, efficient, and economical manner for the most part; only minor deficiencies with minimal effect on overall performance.	Of exceptional merit; exemplary performance in a timely, efficient, and economical manner; very minor (if any) deficiencies with no adverse effect on overall performance.	No record of relevant past performance or past performance information is not available

1. Did the contractor comply with the delivery schedule / performance milestones? Comments:	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. How would you rate the contractor's business practices (e.g. maintaining a positive working relationship, business ethics, timely and effectively resolving any problems etc.)? Comments:	P/U <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> VG <input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/>
3. How would you rate the quality of the contractor's product or service? Comments:	P/U <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> VG <input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/>
4. How would you rate the contractor's overall performance? Comments:	P/U <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> VG <input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/>
5. How would you rate the contractor's overall compliance with the terms and conditions of your purchase order / contract? Comments:	P/U <input type="checkbox"/> S <input type="checkbox"/> G <input type="checkbox"/> VG <input type="checkbox"/> E <input type="checkbox"/> N <input type="checkbox"/>
6. Would you purchase products or services from this contractor again? Comments:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Please provide any additional comments applicable to the contractor's past performance:	

EVALUATOR NAME

TITLE OF EVALUATOR